

Schedule A

**SOLE CUSTODY CHILD SUPPORT WORKSHEET**

Case:

Date:

Judge:

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**INCOME**

Custodial Parent:

Father's Gross Monthly Income:

Percentage:

Mother's Gross Monthly Income:

Percentage:

Parents' Combined Gross Monthly Income:

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**CHILD/CHILDREN INFORMATION**

Number of Children From Marriage:

Medical Insurance For Children:

Extraordinary Medical/Dental Expenses for Child/Children:

Work Related Child/Day Care:

State Guideline Support Required:

Total Child Support Required:

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**CHILD SUPPORT PAYMENTS**

Medical Insurance Paid By Non-Custodial Parent:

Father's Proportional Share:

Mother's Proportional Share:

## **JOINT CUSTODY SUPPORT GUIDELINE WORKSHEET**

Case:

Date:

Judge:

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### **GROSS INCOME OF PARTIES**

FATHER

MOTHER

Gross Monthly Income of  
Each Party:  
Parents' Combined Gross  
Monthly Income:  
Each Parties Percent of  
Combined Income:

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Number of Children From Marriage:  
Child Support From Guideline Table:

Total Shared Support  
(Guideline Table x 1.25):

FATHER

MOTHER

Total Days in Year Each  
Parent has Children:

=365 Days

Each Parent's Custody Share (%):

Each Parent's Child Support Obligation:

Work Related Child/Day Care:

Health Insurance Paid by Parent:

Extraordinary Medical/Dental Expenses:

Parents Total Support Obligation:

Parents Proportional Support Obligation:

NET SUPPORT PAYABLE BY  
ONE PARENT TO OTHER:

## **SPLIT CUSTODY SUPPORT GUIDELINE WORKSHEET**

Case:

Date:

Judge:

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### **GROSS INCOME OF PARTIES**

Father/Husband

Mother/Wife

Gross Monthly Income of  
Each Party:  
Parents' Combined Gross  
Monthly Income:  
Each Parties Percent of  
Combined Income:

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### **SUPPORT OBLIGATION OF PARENTS**

Father/Husband

Mother/Wife

Number of Children With  
Each Parent:

Child Support From Guideline  
Table:

Extraordinary Medical/Dental  
Expenses:

Health Insurance For Child/  
Children Paid by Parent:

Parents Total Support Obligation:

Parents Proportional Support Obligation:

Net Support Payable by One Parent  
To The Other: